

BEST AVAILABLE COPY

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | RH       |        | 6/25     |
| O.I.P.E. CLASSIFIER       |          | 59     | 7/1      |
| FORMALITY REVIEW          | K.S.     | 11/6   | 08/23/01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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901  
 08/03/01